

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

02/27/01

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
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10	/					
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37	/					
38	/					
39	/					
40	S					
41	S					
42	S					
43	/					
44	/					
45	/					
46	S					
47	S					
48	S					
49	S					
50	S					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND	DEP	IND	DEP	IND	DEP
51	S				
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97					
98					
99					
100					
TOTAL IND.	18				
TOTAL DEP.	G9				
TOTAL CLAIMS	S7				